

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

THE COMMITTEE TO ELECT DELEGATES

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="70000.00"/>	<input type="text" value="70000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="70000.00"/>	<input type="text" value="70000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="34661.20"/>	<input type="text" value="34661.20"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="35338.80"/>	<input type="text" value="35338.80"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

THE COMMITTEE TO ELECT DELEGATES

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	70000.00	70000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	70000.00	70000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	70000.00	70000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	70000.00	70000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	70000.00	70000.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	34661.20	34661.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	34661.20	34661.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	34661.20	34661.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34661.20	34661.20

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	70000.00	70000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70000.00	70000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	34661.20	34661.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	34661.20	34661.20

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
THE COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)
A. BARBARA P. BUSH

Mailing Address 10000 MEMORIAL DRIVE
SUITE 900

City HOUSTON State TX Zip Code 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : SA11AI.4144

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. GEORGE H. W. BUSH

Mailing Address 10000 MEMORIAL DRIVE
SUITE 900

City HOUSTON State TX Zip Code 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : SA11AI.4143

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. JOSEPH C. CANIZARO

Mailing Address 909 POYDRAS STREET
SUITE 1700

City NEW ORLEANS State LA Zip Code 70112

FEC ID number of contributing federal political committee. **C**

Name of Employer FIRST TRUST CORPORATION Occupation CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2015
Transaction ID : SA11AI.4116

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO ELECT DELEGATES

A. CATHERINE H. CARY
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 AUDUBON PL
 City NEW ORLEANS State LA Zip Code 70118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2015
Transaction ID : SA11AI.4135
 Amount of Each Receipt this Period
 5000.00

B. GEORGE R. CARY III
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 AUDUBON PL
 City NEW ORLEANS State LA Zip Code 70118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **SEISMIC EXCHANGE** Occupation: **EXECUTIVE VICE PRESIDENT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2015
Transaction ID : SA11AI.4139
 Amount of Each Receipt this Period
 5000.00

C. EDWARD W. EASTON JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10165 NW 19TH ST
 City MIAMI State FL Zip Code 33172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **EASTON & ASSOCIATES** Occupation: **CHAIRMAN**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : SA11AI.4112
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)
A. JAMES A. HASLAM II

Mailing Address **PO BOX 10146**

City **KNOXVILLE** State **TN** Zip Code **37939**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PILOT CORPORATION** Occupation **CHAIRMAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 02 / 2015
Transaction ID : SA11AI.4122

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. ALFRED HOFFMAN

Mailing Address **12530 SEMINOLE BEACH RD**

City **NORTH PALM BEACH** State **FL** Zip Code **33408**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 20 / 2015
Transaction ID : SA11AI.4110

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. STEPHEN M. LESSING SR.

Mailing Address **9 SNAKE HILL ROAD**

City **COLD SPRING HARBOR** State **NY** Zip Code **11724**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BARCLAYS** Occupation **MANAGING DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 19 / 2015
Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ► **15000.00**

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)
A. SERGIO PINO

Mailing Address **PO BOX 261358**

City **MIAMI** State **FL** Zip Code **33126**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CENTURY HOMEBUILDERS, LLC** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
11 / 23 / 2015

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. JESS RAVICH

Mailing Address **149 S BARRINGTON AVE #828**

City **LOS ANGELES** State **CA** Zip Code **90049**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TCW** Occupation **MONEY MANAGEMENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
12 / 11 / 2015

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. THOMAS SCULLY

Mailing Address **1801 EDGEHILL DRIVE**

City **ALEXANDRIA** State **VA** Zip Code **22307**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WELSH CARSON ANDERSON & STOWE** Occupation **GENERAL PARTNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
12 / 18 / 2015

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **15000.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)
A. EVA S STERN

Mailing Address 23700 MALIBU COLONY ROAD

City MALIBU State CA Zip Code 90265

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation CLINICAL SOCIAL WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.4107

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. MARC I STERN

Mailing Address 23700 MALIBU COLONY ROAD

City MALIBU State CA Zip Code 90265

FEC ID number of contributing federal political committee. **C**

Name of Employer THE TCW GROUP INC. Occupation CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.4103

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	70000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. COMPLIANCE CONSULTING SERVICES

Mailing Address 300 S BISCAYNE BLVD STE 3208

City MIAMI State FL Zip Code 33131

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB21B.4126**

Amount of Each Disbursement this Period: 3170.72

Category/Type

Full Name (Last, First, Middle Initial)

B. EDONATION.COM

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 25 / 2015

Transaction ID : **SB21B.4118**

Amount of Each Disbursement this Period: 251.09

Category/Type

Full Name (Last, First, Middle Initial)

C. EDONATION.COM

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 21 / 2015

Transaction ID : **SB21B.4133**

Amount of Each Disbursement this Period: 198.09

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3619.90

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. EDONATION.COM

Date of Disbursement: MM / DD / YYYY
12 / 24 / 2015

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.4134**

Amount of Each Disbursement this Period: 250.35

Full Name (Last, First, Middle Initial)

B. EDONATION.COM

Date of Disbursement: MM / DD / YYYY
12 / 31 / 2015

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.4145**

Amount of Each Disbursement this Period: 500.35

Full Name (Last, First, Middle Initial)

C. STRIPE

Date of Disbursement: MM / DD / YYYY
11 / 18 / 2015

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.4108**

Amount of Each Disbursement this Period: 290.60

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1041.30

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. THE INGRAM GROUP

Mailing Address 511 UNION STREET
SUITE 1900

City NASHVILLE State TN Zip Code 37219

Purpose of Disbursement
DELEGATE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB21B.4120

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. THE INGRAM GROUP

Mailing Address 511 UNION STREET
SUITE 1900

City NASHVILLE State TN Zip Code 37219

Purpose of Disbursement
DELEGATE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : SB21B.4128

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

30000.00

TOTAL This Period (last page this line number only)..... ▶

34661.20